

Table of Contents (continued)**1381 Long-term durability of resection and end-to-end anastomosis for ascending aortic aneurysms**

Massimo Massetti, MD, Sebastien Veron, MD, Eugenio Neri, MD, Olivier Coffin, MD, Olivier le Page, MD, Gerard Babatasi, MD, PhD, Dimitrios Buklas, MD, Dominique Maiza, MD, Jean Louis Gerard, MD, and Andre Khayat, MD, Caen, France, and Siena, Italy

Study of the treatment of ascending aortic aneurysm with the technique of aneurysm resection and primary end-to-end anastomosis demonstrated that the technique, after a median follow-up of 72 months, provided effective long-term outcome and thus represents, in selected cases, a good alternative to aortic interposition grafting.

1388 Prosthetic valve thrombosis: Twenty-year experience at the Montreal Heart Institute

Nicolas Dürrleman, MD, Michel Pellerin, MD, Denis Bouchard, MD, Yves Hébert, MD, Raymond Cartier, MD, Louis P. Perrault, MD, PhD, Arsène Basmadjian, MD, and Michel Carrier, MD, Montreal, Quebec, Canada

We reviewed 39 cases of prosthetic valve thrombosis in our institution. Inadequate level of anticoagulation remains the most frequent cause, with a high overall mortality despite surgical treatment underlying the preponderant role of surveillance in patients with prosthetic valves.

1393 Penetrating atherosclerotic ulcer of the descending thoracic aorta and arch

Kwang Ree Cho, MD, Anthony W. Stanson, MD, D. Donald Potter, MD, Kenneth J. Cherry, MD, Hartzell V. Schaff, MD, and Thoralf M. Sundt III, MD, Rochester, Minn

The management of penetrating atherosclerotic ulcers of the aorta remains controversial. Our experience of 105 cases with or without associated intramural hematoma over 25 years suggests that this entity can frequently be managed nonoperatively in the acute setting.

1402 Early quantitative coronary angiography of saphenous vein grafts for coronary artery bypass grafting harvested by means of open versus endoscopic saphenectomy: A prospective randomized trial

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This study compares early quantitative coronary analysis of saphenous vein grafts harvested with the open versus endoscopic techniques. There was no statistically significant difference in patency rates and in graft stenosis in the body of the saphenous vein grafts in the 2 groups. These results support the use of endoscopic saphenectomy for coronary artery bypass grafting.

(continued on page 17A)